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Statement submitted by Salesian Missions, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

Migration and risk of HIV infection

Context

People are on the move throughout the world. Whether migration is due to conflict, persecution, violence, climate change or searching for work, vulnerable people, especially women and children, find themselves seeking freedom from want and freedom from fear in ever increasing numbers. Many run the risk of exploitation, whether through sexual exploitation or forced labour. Compounding all of the stresses in the lives of this population, and due, in part, to their poverty, is the risk of infection with HIV.

International labour migration is an increasingly important aspect of the global economy. Recent estimates show that 86 million people are on the move in search of work. The Office of the United Nations High Commissioner for Refugees (UNHCR) reported that 43.7 million people worldwide had been forcibly displaced by conflict by the end of 2010, with 25 million of that number being refugees and/or internally displaced people. The number of "climate migrants" has now surpassed 50 million. And while a precise number of those smuggled or trafficked is difficult to determine with absolute certainty due to the covert nature of both activities, estimates are in the millions. According to the International Organization for Migration, 3.1 per cent of the world's population is migrant, and 49 per cent of this group is female.

Risk of HIV infection

The risk of HIV infection of international migrants is influenced by social, economic and political factors, both in the country of origin and of destination, including: separation from spouses, families and familiar cultural norms; poor living conditions; exploitative working conditions, including sexual violence; and lack of knowledge of the language in a host country. The isolation and daily struggles can lead migrant workers to engage in risky behaviours, such as casual or commercial sex, which increase the risk of HIV infection. Inadequate access to HIV services and fear of stigma and discrimination for seeking HIV-related information or support can exacerbate the problem and put even more migrants at risk for infection.

Female migrant workers have been shown to be particularly vulnerable to HIV. Many are employed in unskilled jobs in manufacturing, domestic service or in the entertainment sector, often without legal status. They have few alternatives for employment and little access to health services. Physical and/or sexual violence, in some instances at the hands of their employer, are a constant threat. When husbands migrate in search of work and funds to send back home, their wives, faced with intense economic challenges and the need to provide food for themselves and their families, can find themselves forced to exchange sex for food or money. Thus they become vulnerable to HIV infection. In addition, even those women who have not engaged in sexual activity to provide for their needs are at risk if their husbands return home infected with HIV.

Access to services

Refugees and those who migrate to find work or who are smuggled or trafficked into or enter countries in an irregular manner are in a precarious position. They are no longer guaranteed the protection of their country of origin and do not regularly receive assistance from host countries. Already overburdened by the effect of HIV in their own country, receiving countries are often unable or unwilling to provide the HIV-related services to migrants of any type even though migrants have a right to help under international refugee and human rights law. Access to basic HIV-related care and support is rarely given adequate attention, and in spite of increased availability of antiretroviral therapy in low and middle income countries, very few migrants or refugees have access to it. Displacement of people from their country of origin has an enormous effect on their lives, as well as upon the lives of host communities. Increased risk of HIV infection and poor access to HIV-related prevention, treatment, care and support are avoidable if countries respond to this reality.

Migrants often face discrimination simply because they are migrants and because there is an inaccurate belief that HIV is more prevalent in migrants than in a host community. Evidence shows that migrants and refugees have often migrated from countries with lower HIV prevalence to countries with higher HIV prevalence. Discrimination and stigma must be addressed as an integral part of responding effectively to HIV among refugees and migrants in host communities. A comprehensive and integrated national response to the HIV-related prevention, treatment, care and support needs of migrants and refugees in host communities is the most effective way to reduce the risk of HIV transmission and address the effects of such infection. And while the number of migrants and refugees who have been infected after entering a host community has not been accurately ascertained, early reporting shows that the number of identified cases is increasing.

Strategic national plans for HIV prevention

The implication of HIV infections for host communities has not been fully studied. There is limited factual information on the comparative HIV prevalence among migrants, refugees and host communities and the extent and nature of contact between host communities and migrants. Migrants and refugees are also staying longer in their host countries. As the length of residency increases, it is anticipated that more HIV infections will be reported since an upward trend is already occurring.

Failure to address HIV-related needs among the people on the move not only denies them their rights, it also undermines efforts to address HIV in the host communities since an accurate picture of the number of infected persons is not available. National strategic plans on HIV must begin to include migrant peoples in order to prevent the spread of the infection.

Recommendations

Given the present reality of HIV infection of migrants and refugees, whether the infection occurred before or after they moved from their country of origin to a host country, we recommend that Governments take action to:

- Implement paragraph 84 of the Political Declaration on HIV/AIDS of 2011 (General Assembly resolution 65/227) in which Governments committed

themselves to address, according to national legislation, the vulnerabilities to HIV experienced by migrant and mobile populations and to support their access to HIV prevention, treatment, care and support.

- Work to provide culturally and linguistically appropriate HIV programmes in origin, transit and destination countries at all stages of migration — before departure, on arrival, while in the destination country and upon return and reintegration into the countries of origin.
- Take HIV-specific actions and other actions addressing the root causes of HIV risk behaviours, including poverty, gender inequality and human rights violations among international migrants in both regular and irregular status.
- Promote the health of migrants as an integral element in achieving the Millennium Development Goals and a key step towards achieving universal access to HIV prevention, treatment, care and support, thus improving the productivity and economic independence of individuals and families.
- Include international migrants and refugees in national development, health and HIV-related policies, strategies and plans. A first step in achieving this goal is a commitment to collecting accurate data about the prevalence of HIV infection in all migrant populations.
- Advocate for equal treatment of international migrants (of any type) and nationals, and challenge stigma and discrimination against migrants. Misconceptions and myths about migrants need to be addressed as a first step in overcoming discrimination.